

State of Nevada Annual Safety Review Survey (Calender Year 2012)

* Please complete the following questions regarding your agency location(s). Questions marked with an * are mandatory.

* Report is due no later than February 28th, 2013

* Please also forward a copy of this form, signed by you and your agency head, and copies of the following (either by hard-copy or email as an attachment to dqould@admin.nv.gov):

>OSHA 300 log

- >Copy of internal and or external safety inspections

>Copy of current Emergency Action Plan (EAP)

>Copies of Safety Committee Agenda and Minutes (CY12)

Please make a copy of your completed form for your record, prior to hitting the "submit" button.

* Required

Please supply the following information: Your name and job title, agency, department, location(s), phone #, and email address. *

Please also supply the name of the Safety Coordinator (if form not completed by same) and the name of the Training Contact person

1. Did your agency conduct an annual emergency drill (active shooter, earthquake, evacuation, fire, etc.)? *

- ☐ YES
- ☐ NO

If you answered yes, what type of drill(s) was performed and when? If no drill was performed, please advise why.

2. Does your agency have proper emergency evacuation information posted, to include assembly area(s)? *

To include map(s) of evacuation routes and muster locations.

- ☐ YES
- ☐ NO
- ☐ UNSURE

3. Does your agency have an up-to-date written safety program that is available to all employees? *

- ☐ YES
- ☐ NO
- ☐ UNSURE

☐ Other:

3a. Is your agency's Safety Manual reviewed with all new employees, and are they required to sign an acknowledgement? *

- ☐ YES
- ☐ NO
- ☐ UNSURE

☐ Other:

4. Was an internal safety inspection conducted at your facility? *

- ☐ YES
- ☐ NO

5. If your inspection(s) revealed deficiencies, were they corrected? If not please supply the reason(s) *

- ☐ YES
- ☐ NO
- ☐ N/A

Additional notes or comments**6. What hazard(s) affect the most employees within your agency? *****7. What is the most hazardous position(s) within your agency? Please be specific and list reason(s) *****8. What steps are taken to reduce the hazards to those positions listed above? *****9. Does your agency location have an active and effective safety committee? ***

If your answer is no, please supply reason(s) in text box below.

- ☐ YES
☐ NO

☐ UNSURE

9a. Does your agency location have an active and effective safety committee?

If your answer was no, please supply reason(s) in text box below

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10. Who is responsible for conducting accident investigations at your facility?

*

- ☐ Safety Coordinator
- ☐ Immediate Supervisor
- ☐ Safety Committee Member
- ☐ Unsure
- ☐ Other:

11. Is your agency up-to-date on Defensive Driver training? *

- ☐ YES
- ☐ NO
- ☐ UNSURE

12. Did your agency request a formal employee ergonomic evaluation(s)? *

- ☐ YES
- ☐ NO
- ☐ UNSURE

13. If your agency requested a facility safety inspection/recommendation, or some other Risk Management assistance/service, please rate your experience

*

If you mark "other" please note what was requested, and any other relevant comments below

	No request made	2 Poor	3	4	5 Excellent
Inspection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	No request made	2 Poor	3	4	5 Excellent
Recommendation(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Assistance/Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13a. Please note "other" safety related service(s) requested from Risk Management

14. Were there any reported Workplace Violence incidents at your agency? *

- ☐ YES
- ☐ NO
- ☐ UNSURE

14a. If you answered YES, how would you rate the response/how well the situation was dealt with?

	1 (poor)	2	3	4	5 (excellent)
Handled by your agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handled by Risk Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handled by Capitol Police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handled by other law enforcement agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Did your agency experience and report any indoor air quality issues to Risk Management? *

- ☐ YES
- ☐ NO
- ☐ UNSURE

15a. If you answered YES, how well was the situation addressed?

	1 (poor)	2	3	4	5 (excellent)
Handled by your agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handled by Risk Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Which Risk Management safety training course(s) does your agency need most? *

Mark / rank applicable courses

	1 (least needed)	2	3	4	5 (most needed)
Defensive Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective Safety Committees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ergonomics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisor Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please complete question below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16a. What other course(s) would you like to see added to Risk Management's training program?

Please keep in mind, agencies are responsible for any training that is specific/mandated by their own guidelines (eg: NRS, NAC and internal regulations et al) not made mandatory by Risk Management

17. How would you rate the safety training currently provided by Risk Management? *

1 2 3 4 5
 Poor ☐ ☐ ☐ ☐ ☐ Excellent

18. How can we best improve our safety training program? *

Please mark all applicable answers

- ☐ Provide more classes from the existing course offerings
- ☐ Provide different classes (if you mark this box please answer 18a.)
- ☐ Provide more web-based training
- ☐ Provide more video-conference based training
- ☐ Provide more on-site (at your agency location) training
- ☐ Other (if you mark this box please answer 18a.)

18a. Please supply your answer(s) in the text box below

19. How many employees are located in the agency for which the "Safety Coordinator (SC)" is responsible *

Based on facility location (if SC duties are in addition to primary responsibilities) or agency total (if position is full-time)

- ☐ Less than 10
- ☐ 11- 25
- ☐ 26 - 50
- ☐ 51-100
- ☐ > 100

20. How many C-1's (w/ no medical attention) were completed by your agency in year 2012? *

- ☐ 0
- ☐ < 5
- ☐ 5 - 10
- ☐ > 10
- ☐ > 25
- ☐ Unsure

21. How many C-3's (medical attention sought) were completed for you agency for year 2012? *

- ☐ 0

- ☐ <5
- ☐ 5 - 10
- ☐ > 10
- ☐ > 25

22. Do you, the Safety Coordinator, feel that you have been properly trained to be effective in your position? *

- ☐ YES
- ☐ NO
- ☐ I have proper training, but lack the time to be effective
- ☐ I have proper training and the time, but lack proper assistance and or resources
- ☐ Survey not completed by Safety Coordinator
- ☐ Other:

23. Was this survey reviewed with or by your Agency Head? *

The agency head should review prior to submission and sign off.

- ☐ YES
- ☐ NO
- ☐ Other:

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